				······································	
	FORM	REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES CHECK APPROPRIATE BOXES—PLEASE TYPE OR PRINT IN BLACK INK Quarterly Report: (Check one:) 1st 2nd 3rd 4th Final Report (Fund balance on Line E must be \$0)			FRECEPTOED
	D-2				OCT 26 2021
				rt Indicated Above	State Board of Elections Springfield Office
Full name and complete mailing address of Political Committee: CHECK FOR ADDRESS CHANGE					COMMITTEE ID #
Committee to	o Elect Qualifie	d Judges			
750 N. Lake	Shore Dr. 4th				
Chicago, IL 60611					
					1052-13
E-mail address: I	nalcolmrich@chic	agoappleseed.	org 🗸 c	HECK FOR E-MAIL ADDRESS CHANGE	
REPORTING P		AILABLE AT BE	GINNING	ALL POLITICAL COMMITT	
7/1/2021 9/3	0/202 \$0	KIING PERIOL	/ •	STATE BOARD OF ELECTIONS 2329 S MacARTHUR BLVD OR	STATE BOARD OF ELECTIONS 69 W WASHINGTON ST, STE LL-08
FROM		s amount in SECTIO	N D line (Δ)	SPRINGFIELD, IL 62704-4503	CHICAGO, IL 60602-3026
TROM					XPENDITURES
1. Individual Co		· · · · · · · · · · · · · · · · · · ·		6. Transfers Out	
a. Itemized	(from Schedule A)		(1a)	 a. Itemized (from Schedule B) 	; \$ <u>0</u> (6a)
b. Not-Iten	nized:	\$ <u>0</u>	(1b)	b. Not-Itemized:	\$ <u>0</u> (6b)
2. Transfers In			44.	7. Loans Made	
1	I (from Schedule A)		(2a)	a. Itemized (from Schedule B)	
b. Not-Itemized: \$0 (2b)			(2D)	b. Not-Itemized:	\$ <u>@</u> (7b)
3. Loans Received a. Itemized (from Schedule A): \$0 (3a)			(3a)	8. Expenditures a. Itemized (from Schedule B)	: \$ 0 (8a)
			(3b)	b. Not-Itemized	\$_ <i>Ø</i> (8b)
4. Other Receipts				9. Independent Expenditures	
I	a. Itemized (from Schedule A): \$0 b. Not-Itemized \$0			a. Itemized (from Schedule B-	<u> </u>
	b. Not-Itemized		(4b)	b. Not-Itemized	V(30)
TOTAL RECI	EIPTS (1a thru 4b)	\$ <u>0</u>	(TR)	TOTAL EXPENDITURES (6a thr	u 9b)\$ <u></u> (TE)
******	***********	**********	*****	SECTION C — DEBTS	AND OBLIGATIONS
5. In-Kind Cor		ć <i>O</i>	/r_\	(Include previously rep	orted unpaid debts)
a. Itemized (from Schedule I):b. Not-Itemized		5 0	(5a) (5b)	 a. Itemized (from Schedule C): b. Not-Itemized 	\$ \(\oldsymbol{O} \) (10a) \$ \(\oldsymbol{O} \) (10b)
TOTAL IN-KI	SO	(TI)	TOTAL DEBTS & OBLIGATIONS	s 0	
***************************************			******	*********	*********
Name and ad	ldress of person sui	bmitting this rep	ort <u>if other</u>	SECTION D — C	
than the committee's Chair or Treasurer:				Cash available at beginning reporting peri	od: \$(A)
				Total Receipts from Section A (TR): \$ (B)
				Total cash (A) plus	(B): \$_ <i>O</i> (C)
		······································		Total Expenditures from Section B (TE): \$ (D)
				Funds available at close reporting period (C minus	e of O (E)
				Investments total (if applical	ole): \$ 0 (F)
VERIFICATION: 1 DEC STATEMENTS) HAS B ARTICLE 9 OF THE EL UP TO \$5000.	CLARE THAT THIS QUAR IEEN EXAMINED BY ME A ECTION CODE. I UNDERS	TERLY REPORT OF CAND TO THE BEST THE STAND THAT WILLFL	AMPAIGN CONTRIB IE BEST OF MY KNO ILLY FILING A FALSE	UTIONS AND EXPENDITURES (INCLUDING ACC WLEDGE AND BELIEF IS A TRUE, CORRECT AND OR INCOMPLETE STATEMENT IS SUBJECT TO A	OMPANYING SCHEDULES AND COMPLETE REPORT AS REQUIRED BY CIVIL PENALTY OF AT LEAST \$1001 AND
CVV2	em 12	<u>`</u> 1			10/14/2021
SIGNATURE OF	COMMITTEE TREAS	SURER OR CAND	IDATE		DATE

THIS FORM MAY BE REPRODUCED

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REVISED 08/2021